

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Request for Incarcerated Creative Arts Projects

1. Application Date	2. Agency Employer Identification Number (EIN)
3. Name & Address of Community Agency/Organization <input type="checkbox"/> Agency is a Non-Profit (check if applicable)	
4. Name & Title of Agency/Organization Contact Person	
5. Contact Phone Number	6. Contact E-mail
7. Anticipated Start Date	8. Final Submission Date
9. Purpose of Project (check all that apply) <input type="checkbox"/> Creative Art Contest <input type="checkbox"/> Inclusion in Community Publication <input type="checkbox"/> Art Exhibition <input type="checkbox"/> Donation to Non-Profit (name) _____	
10. Description of Project Theme	
11. Type of Creative Art Projects Accepted (check all that apply) <input type="checkbox"/> Dramatic Composition <input type="checkbox"/> Drawings <input type="checkbox"/> Paintings <input type="checkbox"/> Graphic Art/Cartooning <input type="checkbox"/> Music Composition <input type="checkbox"/> Poetry <input type="checkbox"/> Short Stories <input type="checkbox"/> Other (specify) _____	
12. This Request is for Submissions from (check one) <input type="checkbox"/> All incarcerated individuals in NYS DOCCS Facilities <input type="checkbox"/> Incarcerated individuals in the following facility(ies) List applicable:	

Acknowledgement of Standards

- I hereby acknowledge that I have read and agree to the restrictions as stated in DOCCS Directive #4406, "Creative Arts Projects," and that incarcerated participants may not receive a financial prize or award for participation in any contest or project.
- I hereby acknowledge that any creative arts submission by an incarcerated individual is considered a donation, and any proceeds generated from the broadcasting, publishing, reproduction, sale and/or distribution of any incarcerated individual's creative arts project may only be utilized to support accredited non-profit agencies and/or fund non-profit projects of accredited non-profit agencies.

Print Name:	Signature:	Date:
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Submit completed application with a copy of the Project Announcement, Entry Information, and the Incarcerated Creative Arts Release Form a minimum of 60 days prior to the anticipated start date:

Via E-mail to: DOCCS.sm.DivisionofEducation@doccs.ny.gov or

US Mail to: Director of Education
New York State Department of Corrections and Community Supervision
The Harriman State Campus
1220 Washington Avenue, Bldg. 4
Albany NY 12226-2050

Agency Name	Project Start Date
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CENTRAL OFFICE REVIEW

Determination: ☐ Project Approved ☐ Project Disapproved

Reason(s) for Disapproval:

Deputy Commissioner for Programs Signature

Date